

## AFFIDAVIT OF DILIGENT EFFORT

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

POLICY # \_\_\_\_\_

I, \_\_\_\_\_, whose Social Security Number is \_\_\_\_\_ of  
\_\_\_\_\_ affirm that I have sought to obtain \_\_\_\_\_

(Agency Name)

(Type of Coverage)

for \_\_\_\_\_  
(Named Insured)

1) \_\_\_\_\_ (Authorized Insurer)  
\_\_\_\_\_ (Telephone Number)  
\_\_\_\_\_ (Person Contacted)  
\_\_\_\_\_ (Date of Contact)

and the reason(s) for the declination by the insurer was (were) as follows: \_\_\_\_\_  
\_\_\_\_\_.

2) \_\_\_\_\_ (Authorized Insurer)  
\_\_\_\_\_ (Telephone Number)  
\_\_\_\_\_ (Person Contacted)  
\_\_\_\_\_ (Date of Contact)

and the reason(s) for the declination by the insurer was (were) as follows: \_\_\_\_\_  
\_\_\_\_\_.

3) \_\_\_\_\_ (Authorized Insurer)  
\_\_\_\_\_ (Telephone Number)  
\_\_\_\_\_ (Person Contacted)  
\_\_\_\_\_ (Date of Contact)

and the reason(s) for the declination by the insurer was (were) as follows: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Printed Name of Producing Agent